

FY 2019 Victim Services Program Budget *(List the entire program budget not just the ACJC requested and matching funds)*

Revenue Sources	ACJC FY19									Total
Personal Services (combine salary and fringe benefits)	\$									
Position Title		\$								\$0
Position Title		\$								\$0
Position Title		\$								\$0
Position Title		\$								\$0
Professional & Outside Services	\$									
		\$								\$0
		\$								\$0
		\$								\$0
		\$								\$0
		\$								\$0
In-state Travel	\$									
Lodging & Per Diem		\$								\$0
Car Rental		\$								\$0
Mileage Cost		\$								\$0
Other:		\$								\$0
Other Operating	\$									
Rent		\$								\$0
Supplies		\$								\$0
Utilities		\$								\$0
Telephone		\$								\$0
Printing/Photography		\$								\$0

Revenue Sources	ACJC FY19									Total
Emergency Expense		\$								\$0
Training		\$								\$0
Insurance		\$								\$0
Lease/Rental		\$								\$0
Repair/Maintenance		\$								\$0
Books & Software		\$								\$0
Emergency Victim Needs		\$								\$0
Other:		\$								\$0
Capital Outlay										
Buildings or Land		\$								\$0
Equipment	\$									
Vehicles		\$								\$0
Computers		\$								\$0
Other:		\$								\$0
Other:		\$								\$0
Indirect Costs		\$								\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grant Expiration Date (If application is pending, note with a "P".)										

I, _____, certify that the budgetary information submitted in this application is complete and accurate.
(Authorized Financial Officer - Please print)

Signature: _____ Date: _____ Phone: _____